

221698

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for Class  
C - Charter

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2010-47-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Robert Carroll

Telephone: (843) 602-7253

Address: 9430 Leeds Cr.  
Myrtle Beach, SC

Fax:

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- ☐ Application – Class C Taxi
- ☒ Application – Class C Charter
- ☐ Application – Class C Charter Bus
- ☐ Application – Class C Non-Emergency
- ☐ Application – Class E Household Goods
- ☐ Application – Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other:

RECEIVED  
FEB 02 2010  
PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Handwritten signature/initials.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: 2/02/10

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Robert W. Carroll, dba: City cab

9430 Leeds Circle, Myrtle Beach, SC 29588  
Street Address of Applicant

Mailing Address of Applicant if different from street address

(843) 602-7253  
Phone

Fax

PSC SC  
CLERK'S OFFICE

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: \_\_\_\_\_ Year: \_\_\_\_\_

<b>Assets:</b>	
Cash	10,000
Receivables	4,500
Real Estate	250,000
Buildings and Equipment-Net	NA
Motor Vehicles-Net	5,000
Garage Equipment-Net	NA
Machinery and Tools-Net	NA
Supplies on Hand	NA
Prepays and Other Assets	NA
<b>Total Assets</b>	<b>269,500</b>
<b>Liabilities and Equity:</b>	
Accounts Payable	1100
Notes Payable	NA
Mortgages Payable	120,000
Equipment Obligations	NA
Accrued Salaries and Wages	NA
Other Accrued Obligations	NA
Other Liabilities	NA
<b>Total Liabilities</b>	<b>121,100</b>
Capital Stock	NA
Retained Earnings	NA
<b>Total Equity</b>	<b>269,500</b>
<b>Total Liabilities and Equity</b>	<b>148,400</b>

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Horry

I, Robert W. Carroll  
(Name of Applicant's Representative)

Owner  
(Title)

of City Pub, the Applicant for the Certificate of Public (Applicant)  
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above  
Application are true and correct.

SWORN TO BEFORE ME

At Myrtle Beach

This the 2nd day of Feb 2010

Jerry B. Shaddox  
(Notary Public)

[Signature]  
(Signature of Applicant's Representative)

Commission Expires: 9/12/15

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

*\$200.00 per hour*

Counties to be Served:

*unlimited*

Maximum Number of Passengers per Vehicle:

*7*

## DESCRIPTION OF EQUIPMENT

[illegible]

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Robert W. Carroll, dba: City Cab  
Name of Motor Carrier

9430 Leeds Circle, Myrtle Beach, SC 29588  
Address of Motor Carrier

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 2806.00

Limits 25/50/25

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers	\$ 25,000/50,000/25,000
8-15 Passengers	\$ 25,000/100,000/25,000

Carroll Ins

Name of Insurance Company

P.O. Box 7, Greenville, SC 29602  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

2/2/10

Date

John B. Blum

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

**Exhibit FWA**

Robert W. Carroll, dba: City Cab  
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

### **Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA )

COUNTY OF Horry )



Applicant's Signature

I, Robert W. Carroll, owner  
Name of Applicant's Representative Title

of city cab,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Signature of Applicant's Representative

SWORN TO BEFORE ME

This 2 day of Feb, 2010

James B. Duncanson  
Notary Public

Commission Expires 9/12/15

STATE OF SOUTH CAROLINA  
OFFICE OF REGULATORY STAFF  
TRANSPORTATION DEPARTMENT

The Law requires that you secure licenses on or before January 1, 2010. Enforcement for the period January 1, 2010 through June 30, 2010 will begin January 1, 2010.

UNLESS YOU COMPLY WITH THE MOTOR CARRIER LAWS OF SOUTH CAROLINA AND THE RULES AND REGULATIONS ISSUED THEREUNDER BEFORE JANUARY 1, 2010, A RULE TO SHOW CAUSE ORDER WILL BE ISSUED AND COULD RESULT IN REVOCATION OF YOUR OPERATING CERTIFICATE.

Your correct name is on the enclosed forms to assist you in ordering your First-Half Year 2010 License Decals. If you need additional forms, please copy the form with the correct name and remit for each vehicle. To determine your license fee(s), use the empty weight of your vehicle listed on the title or registration card. Please destroy old decal(s) once you have secured the decal(s) for the new period.

License decals may be purchased by submitting a business and/or personal check, money order, certified/cashier check or cash. All checks must be made payable to the Office of Regulatory Staff. All completed applications and applicable fees should be mailed to:

State of South Carolina  
Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, SC 29201

If you need assistance in completing your license decal application, please contact the Transportation Department at (803) 737-0800.

Thank you for ordering your license decal(s) before December 15, 2009.

STATE OF SOUTH CAROLINA OFFICE OF REGULATORY STAFF  
TRANSPORTATION DEPARTMENT  
1401 MAIN STREET, SUITE 900  
COLUMBIA, S.C. 29201  
(803) 737-0800

APPLICATION FOR LICENSE DECAL

INSTRUCTIONS:

1. Motor Vehicle Carrier license fees are due and payable semiannually on or before January 1 and July 1 of each year. Business and/or personal checks, cash, money order, certified, or cashier's check must be payable to the Office of Regulatory Staff.
2. All licenses issued for the first-half year will expire June 30; all licenses issued for last-half year will expire December 31.
3. Type or write plainly any changes or corrections. Fill this form out completely or it may delay decal processing.
4. Mail completed application and applicable fees to: SC Office of Regulatory Staff, 1401 Main Street, Suite 900, Columbia, SC 29201.
5. You are REQUIRED to complete the Owner of Vehicle Information. Applications received without the required information may be returned unprocessed.
6. You must be in compliance with all PSC/ORS requirements before any decal(s) will be issued.

CLASS C Charter

Application is hereby made to the Office of Regulatory Staff of South Carolina, Columbia, SC, for license for the motor vehicle described in the following for the period ending June 30, 2010

Certificate Holder: Robert W. Carroll, dba: City Cab  
9430 Leeds Circle, Myrtle Beach, SC 29588  
Mailing Address City, State and Zip Code

Owner of Vehicle Same as Above  
Street Address if Different From Mailing Address Telephone No.  
Name as Listed on the Title or Registration City, State and Zip Code

VEHICLE IDENTIFICATION

Make of Vehicle Dodge Seating Capacity 7  
Body Type Van License Plate # appaid for  
VIN Number 1431672 Empty Weight 3865  
(Last 6 digits)  
Year Model 2005 FEE \$ 17.50

\*\*\* FARES OR CHARGES (List maximum rates only; mandatory to receive decal)

\$200.00 per hour  
APPLICANT'S SIGNATURE: [Signature]

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State of South Carolina  
Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, SC 29201

Presorted First-Class

FIRST CLASS MAIL  
U S POSTAGE PAID  
COLUMBIA, S.C.  
PERMIT NO. 78

## FORWARDING SERVICE REQUESTED

THE FEE FOR A CLASS C LICENSE IS BASED ENTIRELY ON THE EMPTY WEIGHT OF THE VEHICLE WHICH IS LISTED ON THE TITLE OR REGISTRATION CARD.

### SCHEDULE OF FEES

2,000 LBS OR LESS .....\$ 7.50	4,501 - 5,000 .....\$22.50	7,501 - 8,000 .....\$37.50
2,001 - 2,500 .....\$10.00	5,001 - 5,500 .....\$25.00	8,001 - 8,500 .....\$40.00
2,501 - 3,000 .....\$12.50	5,501 - 6,000 .....\$27.50	8,501 - 9,000 .....\$42.50
3,001 - 3,500 .....\$15.00	6,001 - 6,500 .....\$30.00	9,001 - 9,500 .....\$45.00
3,501 - 4,000 .....\$17.50	6,501 - 7,000 .....\$32.50	9,501 - 10,000 .....\$47.50
4,001 - 4,500 .....\$20.00	7,001 - 7,500 .....\$35.00	10,001 - 10,500 .....\$50.00
		10,501 - Over .....\$50.00

\*\*\*PLEASE NOTE: PAYMENTS FOR LICENSE DECALS CAN BE MADE BY BUSINESS/PERSONAL CHECK, MONEY ORDER, CERTIFIED/CASHIER CHECK OR CASH. ALL CHECKS MUST BE MADE PAYABLE TO THE OFFICE OF REGULATORY STAFF.